· -	Visitioatio	i e a	号azardous	Waste	ِ رَبِي اللَّهِ اللَّ	A. 3.	Environmental Protection Agency Washington DC 20460
	This initial notification informatio required by Section 103(c) of the Chensive Environmental Response, sation, and Liability Act of 1980 at be mailed by June 9, 1981.	Compre- Compen-	Please type or print additional space, use paper. Indicate the lewhich applies.	separate shee	ets of the second	o ta bart sandi o ta bart sa arab o ta bart sa arab	ndag wed in the second
$\overline{\mathbf{A}}$	Person Required to Notify:			***************************************		organia i omi to	Eller Barrier School
	Enter the name and address of the	e person	Name Interst	ite 4	allution	Contr	ol, Inc.
	or organization required to notify.		Street 4430	Boeina	Dri	18	
			City Rockford	Piconversion	ा ्रो सहस्रकार्थ	State L B	Zip Code 61109
В	Site Location:					व्याहास्त्र के में	
	Enter the common name (if known) and actual location of the site.		Name of Site Inte	rstate	Tolly	ction-C	outrol, Inc.
			Street Just A	W as "M	panalia	St"E"D	oples Ave.
					✓ ~~ `∩{}}	THE PART OF MARK	المساورة والماحد فالأراد والمافة
	1LT 180011975		city Rockford	County	WINN.	State /	Zip Code 61109
С	Person to Contact:		1	12	105.1		
•	Enter the name, title (if applicable pusiness telephone number of the to contact regarding information submitted on this form.		Phone (BIS)	" Kullbe 29-110	57	harles.,	President
\overline{D}	Dates of Waste Handling:						
	Enter the years that you estimate treatment, storage, or disposal begended at the site.		From (Year) 1960	3 To (Year)	1980)	
 E	Waste Type: Choose the option	ח אמנו חר	efer to complete				
_			·				
	Option I: Select general waste type you do not know the general wast encouraged to describe the site in	te types or	sources, you are	Résource regulation	Conservation is (40 CFR Page 140 CFR Page 14	and Recovery art 261).	ersons familiar with the Act (RCRA) Section 3001
)	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		of Waste: X in the appropriate	EPA has a listed in the appropriate of the list of	assigned a fo he regulation te four-digit r hazardous w the EPA Re	ur-digit number is under Section number in the by vastes and code gion serving the	to each hazardous waste 13001 of RCRA. Enter the oxes provided. A copy of s can be obtained by e State in which the site i
	1. 💢 Organics	1. 🗆 Mi	*	iocatest ((3) (4)(2) (3) (4)	त्रमासाहर्य होता होत	TOBON BOTH TOMORY TURB TO MAKE
	2. A Inorganics		nstruction	11			7 रहता रहता के क
	3. Solvents4. Pesticides	3. □ Te 4. □ Fe			S	1.	14 35 35
	5. X Heavy metals	•	per/Printing .	"-			
	6. 🗶 Acids		ather Tanning	+> + -		- Jak S.	A CANAL STATE
	7. 🔀 Bases		n/Steel Foundry			COSTA J. PRESS	8 131 PT
	8. 🗆 PCBs	7 1	nemical, General 🧪	,	`	-	
	9. Mixed Municipal Waste		ating/Polishing 🕟		14.77	्रन्य एक व	
	10. Dunknown		ilitary/Ammunition ectrical Conductors	7		in experience	116
	11. 🗆 Other (Specify)		actrical Conductors ansformers			·	
			ility Companies	1	0000	0-1- APR 29	. 81
			initary/Refuse	'	0000	υ-1 - μιπ 2 3 9:	ud hug otomopii — k
		15. 🗆 Ph				rized inpusacent	orban to the end and
	•		b/Hospital		2:11:50.11		BURGER BURGER (1997) (1997) KARANGA PALAN
		17. 🖸 Ui		10	343 B blus.	or hop to ship still	t Mais takes while of
		18. LI UI	ther (Specify)		والربط والغ	os reiti tieretti	महाराज हुन्यसम्बद्धाः भी है स्वतास्य हुन्यस्य स्वतास्य
				EDA Daniel	n 5 Records C	er (871)16	ering tha stud
	Form Approved 3.1 OMB No. 2000-0138			EPA REGIO	いっとのいの。	1 76 (17.2)	Care season (ch.) Care season (ch.)
	OMB No. 2000-0138 EPA Form 8900-1					Christ Little	कि श्रीमञ्चा क्षा १७६८ मध्यो 💎
			•		143430	79	and anema share or 🔪 -

	government of Mazardous Wastergove	Side Two					
:	Waste Quantity:	Facility Type	Total Facility Waste Amount				
	Place an X in the appropriate boxes to indicate the facility types found at the site.	Piles □ Land Treatment	gallons Total Facility Area				
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the	3. া≭ Landfill 4. j≭-Tanks					
		5. Kimpoundment 6. Underground Injection	square feet 30,000.5				
	estimated area size which the facilities occupy using square feet or acres.	7. M Drums, Above Ground 8. M Drums, Below Ground 9. D Other (Specify)	acres				
	Known, Suspected or Likely Releases to the Environment:						
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.						
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.						
•	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near ne site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	500 attached 7.5" quae	d copy of drangle.				
	Description of Site: (Optional)						
,	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from Provide	Site operated and disposal or since 1960's.	for treatment, stora tazardous waste Spillage and dumpi				
	any other information or comments which may help describe the site conditions. Property. Site	of trazardous in Rock River	waste on the 'valley. Sits on				
	fluvial sands and	·	valley. Sits on an actimated 'k'				
	1 x 10 -3 cm. / sec.	Above-ground	structures remove				
	Below-ground was	ste, tanks, a	and polluted coil				
	and groundwater	remin.	,				
_	Signature and Title:						
	The person or authorized representative (such as plant managers, superintendents,	Name	☐ Owner, Preser☐ Owner, Past				
	trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address	Street	🗆 Transporter				
	in item A). For other persons providing notification, the signature is optional.	City State	U Operator, Past				
	Check the boxes which best describe the relationship to the site of the person	Signature	X Other √				
	required to notify. If you are not required to notify check "Other".	o.g., atorio	Date				